

**CREVE COEUR SCHOOL DISTRICT NO. 76  
HEALTH BENEFIT PLAN**

**POLICIES AND PROCEDURES  
FOR VERIFICATION OF IDENTITY AND AUTHORITY  
IN CONNECTION WITH DISCLOSURES OF  
PROTECTED HEALTH INFORMATION**

The Creve Coeur School District No. 76, as the Plan Sponsor and the Plan Administrator of the Health Plan Benefit Plan, on behalf of the Plan, hereby adopts the following Policies and Procedures that shall be instituted and followed by the Plan with regard to disclosure of protected health information:

**1. Defined Terms.** The following terms shall have the meanings set forth below when used in this document:

**“Individual”** shall mean the person who is the subject of PHI

**“Plan”** shall mean both the Creve Coeur School District 76 Health Benefit Plan.

**“Plan Administrator”** shall mean Creve Coeur School District No. 76.

**“Plan Sponsor”** shall mean Creve Coeur School District No. 76.

**“Privacy Official”** or **“Privacy Officer”** shall mean the Superintendent who has been designated as such by the Plan Administrator.

**“Privacy Standards”** shall mean the Standards for Privacy of Individually Identifiable Health Information enacted pursuant to HIPAA.

**“Protected Health Information”** or **“PHI”** shall mean individually identifiable health information, as more specifically defined in the Privacy Standards.

**2. Compliance with the Privacy Standards.** The Plan at all times shall comply with the Privacy Standards regarding verification of identity and authority in connection with disclosures of PHI. In the event the Privacy Standards are amended, these Policies and Procedures shall be deemed to be amended in accordance therewith.

**3. Specific Procedures for Compliance.** Prior to disclosing PHI, the Plan, except as forth in Item 6 below, shall;

- a. Verify the identity of the person or entity requesting PHI and the authority of that person or entity to have access to PHI, if the identity or authority of the person or entity is not known to the Plan.

Procedures for verification of identity include requesting a medical provider's employer identification number (EIN) to verify identity when a provider requests PHI and requesting an Individual's social security number or other unique item of information related to the Individual.

To verify a person's or entity's authority, the Plan may rely upon the following items: (i) a written statement of the legal authority under which the information is requested; (ii) an oral statement, if a written statement is impracticable; or (iii) a legal process, warrant, subpoena, court order or other legal process issued by a grand jury or judicial or administrative tribunal.

- b. Obtain any documentation, statements, or representations, whether oral or written, from the person or entity requesting the PHI when the documentation, statements, or representations are required under the Privacy Standards. Consents, authorizations, proof of personal representation, powers of attorney and other appropriate documentation must be obtained prior to disclosing PHI. The Plan may rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representations that, on their face, appear valid.

**4. Identity of Public Officials.** The Plan may rely, if reasonable under the circumstances, on any of the following to verify identity of a public official when disclosing PHI to a public official or person acting on behalf of the public official:

- a. If the request is made in person, presentation of an agency identification badge, other official credentials, or other proof of government status;
- b. If the request is in writing, the request is on the appropriate government letterhead; or
- c. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under government authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding or purchase order, that establishes that the person is acting on behalf of the public official.

**5. Authority of Public Officials.** The Plan may rely, if reasonable under the circumstances, on any of the following to verify authority of a public official when disclosing PHI to a public official or person acting on behalf of the public official.

- a. A written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement of such legal authority; or
- b. If a request is made pursuant to legal process, a warrant, subpoena, order or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.

**6. Exceptions to Verification Procedures.** These verification procedures shall not be required for disclosures (a) to a family member, other relative, or a close personal friend of an Individual, or to any other person identified by the Individual, of PHI directly relevant to such person’s involvement with the Individual’s care or payment related to the Individual’s health care; or (b) to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the Individual or another person responsible for the care of the Individual, of the Individual’s location, general condition, or death. In these situations, the Plan Administrator, or other Individual or entity acting on behalf of the Plan, shall use its professional judgment in reviewing any requests for disclosure.

**7. Effective Date.** This Policy shall be effective on April 14, 2004, and shall be therefore implemented by the Privacy Officer. Accordingly, the School District, as the Plan Sponsor and the Plan Administrator, has executed this Policy as of the effective date set forth below.

Effective the 14<sup>th</sup> day of April, 2004.

Superintendent: \_\_\_\_\_

Attest:

Bookkeeper: \_\_\_\_\_

Adopted June 2004

